

ROCKY MOUNTAIN CARE CLEARFIELD	PROVIDER #:	465067	FACILITY BEDS	TYPE ACTION:	RECERTIFICATION
1450 SOUTH 1500 EAST		PHONE NUMBER:	(801) 397-4300	TOTAL:	112
CLEARFIELD UT 84015	PARTICIPATION DATE:	03/02/1981	CERTIFIED:	112	TYPE OWNERSHIP:
STATE'S REGION CODE: 001					NONPROFIT - OTHER

RESIDENT CENSUS ON 03/07/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS:		112
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TOTAL:	95	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE:	19	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID:	45		26		86	
OTHER:	31					

PRIOR 3 SURVEY 12/1998	S/S CODE	PRIOR 2 SURVEY 10/1999	S/S CODE	PRIOR 1 SURVEY 01/2001	S/S CODE	CURRENT SURVEY 03/07/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	E	X C	D	04/03/2002	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
			X	D					REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
									REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS
X	D								REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
			X	D					REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
			X	G					REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	E								REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
X	E								REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	E	X	E	X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E			X C	E	04/03/2002	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	D				REQ F0463-RESIDENT CALL SYSTEM
		X	D						REQ F0508-FACIL PROVIDES/OBTAINS RADIOLOGY SERVICES

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	2	6	3	4
HEALTH TOTAL	2	6	3	4
LIFE SAFETY CODE	1	3	2	1
LIFE SAFETY CODE + HEALTH	3	9	5	5

SURVEY DATE	STATUS
06/07/2000	UNSUBSTANTIATED
06/11/2001	UNSUBSTANTIATED
09/24/2002	UNSUBSTANTIATED
11/02/2002	UNSUBSTANTIATED

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION    N=NO DATE GIVEN    P=PLAN OF CORRECTION    R=REFUSED TO CORRECT    W=WAIVED    F=FSSES    X=DEFICIENT  
COP = CONDITION    REQ = REQUIREMENT